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CORRESPONDENCE

Letters to the Editor

The Challenge of Obesity

Can We Look to the Moon Instead of the Finger?

The multiple challenges of obesity encompass in a simple paradigm what is wrong not only in nutrition but also in the strategies and medical interventions in our society that are aimed at lifestyle change management. This is a "hot" point, which also includes strategies for prescribing healthier and better quality food (1). We also need to enhance more active physical exercise, considering that technology is making life more effortless, while making it more stressful (2). Last but not least, we need to observe with a more open mind the complexity of the problem, because we see only the pale reflection of the light of a still far-off moon.

On the same date as Dr. DeMaria's (3) editorial, another valuable review was published elsewhere (4): "Myths, Presumptions, and Facts About Obesity." However, those investigators skipped several core points. We think that in this field, we can move with greater decisiveness from myths to ideas, going beyond common concepts and dogmas on obesity. In obesity, 2 concepts and concealed dogmas are critical, being presumptions that even go against established facts.

First, obesity is considered invariably ominous for health, trusting that limits, defined by epidemiology, are the gold standards, alone, for healthy weight, obesity, and risks for diseases. Nonetheless, under several conditions, being overweight appears "protective" (the obesity paradox), at least against renal and heart failure (5). This issue is strongly debated (6), but we lack still a good definition of the healthy overweight, if any.

Second, obesity is regarded as an exclusive consequence of an imbalance between food intake and physical exercise, modulated by endocrine and genetic factors. Economists and, obviously, epidemiologists cite environment, but they omit the evidence that environmental infections, and notably adipogenic adenovirus infections in humans, are associated with obesity, being causative factors of obesity and consequent disease in animals (7–9).

In both cases, there is still limited epidemiological information, even based on extensive human investigations in different parts of the world.

As Dr. DeMaria (3) states, the time has come for the medical community to become more organized and proactive in engaging the public and the food industry to emphasize the health hazards associated with obesity: we must seek solutions to the problem without bias and explore these and other neglected fields, such as the quality of nutritional profiles (1), in which considerable evidence is already available.

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Types of Sleep Apnea in Patients With Heart Failure

A Spectrum of Disease Severity or Separate Entities

We read the recently published report by Kasai et al. (1) with keen interest. The investigators performed a study comparing the application of lower body positive airway pressure and its effects on the neck circumference and partial pressure of carbon dioxide in patients with heart failure and sleep apnea. These researchers demonstrated that in all patients with sleep apnea, lower body positive airway pressure led to a reduction in leg volume and to an increase in neck circumference. Interestingly, despite such rostral fluid shift, patients with central sleep apnea (CSA) had a decrease in transpharyngeal resistance, increased minute ventilation and reduced partial pressure of carbon dioxide compared with patients with obstructive sleep apnea, who had opposite findings. We want to sincerely congratulate